MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 9/880688
APPLICANT(S)
FILING DATE

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
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TOTAL IND.	10					
TOTAL DEP.	26					
TOTAL CLAIMS	36					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
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TOTAL IND.	11					
TOTAL DEP.	41					
TOTAL CLAIMS	52					

PTO-1360 (3-78)
*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS
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